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Abstract 278

TITLE: Drug Users and Repeat HIV Testing: Consequences far HIV Prevention **AUTHORS:** Vernon, Karen and Mulia, Nina Univ. of California, San Francisco

OBJECTIVES: Injection drug use plays a critical role in the spread of HIV in the United States, as approximately on third of AIDS cases can be linked with IDUs and high risk drug use. In California, high risk drugusers, their sexual partners and sex workers have been targeted with special HIV counseling and testing (C&T) programs designed to increase their utilization of d&T services. In this presentation, we will identify and illuminate the issues, concerns, anceptations of drug users about repeat HIV C&T.

METHODS: Project Access conducted qualitative interviews with 67 high risk individuals from 3 San Francisco Bay Area counties in 1997 from street and community settings. Respondents were recruited from neede exchange sites, drug treatment programs, mobile health vans and other outreach venues. They elicited detailed HIV testing histories, HIV sex and drug risk histories, C&T motivations, frequency, and satisfaction, and use of referrals.

RESULTS: Of special interest in this sample are the many respondents who have developed a regular pattern of HIV testing over time. It is commonly perceived that drug users repeatedly test for HIV only to receive monetary incentives distributed by many programs. And whilehis may often be an initial motivation, our results indicate that drug users develop complex rationales for their testing patterns and that regular testing plays a part in their personal logics about their HIV risks. Three themes arose from respondents' iscussions of repeat testing: 1) inevitability of HIV infection; 2) the "ten year window period"; 3) HIV testing as a regular health screening

CONCLUSIONS: These themes may indicate that respondents have developed an alternative disease model for HIV, similar to high blood pressure or breast cancer, one that focuses on early detection and treatment rather than prevention. Furthermore, regular HIV testing can play a part in moving the locus of control for HIV prevention away from the self in order to relie oneself of personal responsibility and cope with perceived inability to reduce risks.

PRESENTER CONTACT INFORMATION

Name: Karen Vernon

Address: UCSF CAPS, 74 New Montgomery St. Suite 600

San Francisco, CA 94105

Telephone: (415) 597-4964

Fax: (415) 597-9300

E-mail: kvernon@psg.ucsf.edu